Puerto Rico Stand-Alone Prescription Drug Plans

* The beneficiary drug premium covers prescription drugs only and does not cover medical or hospital benefits. Beneficiaries are also responsible for their Part B premium and any premiums for Medigap coverage to meet their individual needs.

Includes contracts/plans approved as of October 10, 2005. The data does not reflect information for PACE organizations, Employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Description		Cost					Coverage				Convenience
		Beneficiary Total Drug	No Premium with Full	Drug Deductible		Includes Tiered Copay-	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100		
		Plan	Low Income			Standard	ments for		Generics and	Drugs on	Mail Order
Organization Name	Plan Name	Premium*	Subsidy	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
MCS Classicare	MCS Classicare Rx	\$20.86				•				89	•
	MCS Classicare Rx2	\$41.25		•			•			95	•
MEMBERHEALTH	Community Care Rx BASIC	\$28.16				•	•			90	
	Community Care Rx CHOICE	\$36.21				•	•			90	
	Community Care Rx GOLD	\$40.22			•		•			90	
Pharmacy Insurance Corporation of America - PICA	PICA	\$31.17		•			•			85	
Preferred Medicare Choice, Inc.	PDP Senior RX Standard	\$15.01				•				94	
	PDP Senior RX Enhanced	\$28.35		•			•		•	94	
Triple-S	Triple-S FarmaMed	\$30.05				•	•			66	•
United Healthcare	AARP MedicareRx Plan	\$31.34		•			•			97	•